DOCUMENT RESUME

ED 361 290 SP 034 624

AUTHOR Hofford, Craig W.; Cate, Jean
TITLE Comprehensive School Health Programs: Striving for Excellence in an Environment of Competitive Budgeting.
PUB DATE May 93
NOTE 12p.
PUB TYPE Viewpoints (Opinion/Position Papers, Essays, etc.) (120)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Change Strategies; Child Health; Educational Objectives; Elementary Secondary Education; Federal Legislation; *Financial Support; *Health Education; Health Programs; *Health Promotion; *Program Development; *School Health Services
IDENTIFIERS America 2000; *Comprehensive School Health Programs; *National Education Goals 1990

ABSTRACT

Health promotion includes those strategies that reinforce the maintenance of healthy lifestyle behaviors and discourage the use of unhealthy lifestyle behaviors. Health promotion strategies are gaining momentum in the United States. Three of the six "America 2000" education goals have health-related implications, specifically the goals relating to all children starting school ready to learn, increasing the high school graduation rate to 90 percent, and freeing every school of drugs and violence. The establishment of these goals, combined with the Healthy Students-Healthy Schools Act (1992) and increased funding sources, provides strong initiatives to bring about change. These initiatives call for development of a comprehensive school health program that complements the more traditional education and training mission. A comprehensive school health program would include all the policies, procedures, activities, and resources designed to protect and promote the health and well-being of students, teachers, administrators, and support staff. Such a program would include health education, health services, and maintenance of a healthy school environment. A checklist for evaluating the quality of a school's health program is provided. Barriers to achieving the vision of a comprehensive program are identified, with potential solutions. (Contains 10 references.) (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 361 290

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

C. W. Hofford

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

COMPREHENSIVE SCHOOL HEALTH PROGRAMS: STRIVING FOR EXCELLENCE IN AN ENVIRONMENT OF COMPETITIVE BUDGETING

Presented by:

Craig W. Hofford, Ph.D.
Department of Health and Sport Sciences
The University of Oklahoma

Jean Cate, M.S.
Director of Comprehensive Health
Norman (OK) Public Schools

INTRODUCTION

As this nation prepares for the challenges of the 21st Century and beyond, no one challenge looms larger than the challenge to promote the health and well-being of all its citizens. Indeed, the challenge to *promote the general welfare*, as stated in the Preamble to our Constitution (The World Book Encyclopedia, 1985), has increased even as our nation has continued to grow and prosper. That challenge becomes even more difficult when limited resources make spending decisions competitive. To meet the challenge, policy makers, administrators, and service provider personnel will need to make bold decisions, stride out on new paths, and strive for quality and excellence at every opportunity. Only by concerted effort, empowered at the community level, can this nation ensure future generations of healthy people. Moreover, the focal point of this effort must be at the nation's schools... the birthplace of our future health and well-being.

BACKGROUND

Historically, the decision makers of this nation have viewed health from, predominantly, a biomedical perspective. With our increasing scientific knowledge have come technological advances that targeted the health threats of the day. These threats were in the form of tuberculosis, small pox, and other infectious diseases. Money was expended to create and develop technological machinery, drugs, and other treatment skills and place that technology in the most advanced medical facilities of our time. Once in place, every effort was made to ensure access by all citizens, and especially our children and elderly. Over time, this has become an expensive reality. By the 1980s, health care costs had risen to represent a significant, dangerously high, proportion of our Gross National Product (GNP). And, even as we were experiencing success in decreasing and eliminating our infectious health threats, new threats were on the rise. Heart disease and

S 1834624

BEST COPY AVAILABLE

cancer were becoming the new public health enemies. And, the costs to combat these enemies with technology was, potentially, devastating to the individuals and their families, as well as to our nation.

Being a resourceful nation, we have not retreated from this potential disaster, but have decided that it was time for a new *technology*. Using sound scientific principles, we have searched for the solutions to our health problems by examining the problems more closely. By doing so, we have found that our new enemies are related more to lifestyle behaviors than to infectious agents. Therefore, we have deduced that our new technology must include strategies that reinforce the maintenance of healthy lifestyle behaviors and discourage the use of unhealthy lifestyle behaviors. With those general goals in mind, the next questions must include *for whom?* and *where?* Few would argue that the greatest potential impact for these strategies is *with* the children *in* our schools.

HEALTH PROMOTION

The new strategies discussed above have become known as health promotion. Health promotion has the potential to complement more traditional, biomedical strategies of disease prevention. In addition, health promotion has the potential to ensure higher levels of well-being independent of the disease process. Ultimately, health promotion allows each individual to actively participate in the pursuit of his/her own health and well-being. That participation is seen by some as a risk, but by many more as the only chance we have to gain control over our staggering health care costs. Health promotion has the potential to reduce the demand for health care over time. Therein lies the risk. What we do in the name of health promotion today may not represent <u>financial</u> rewards until well into the future. What we must never forget is that those efforts will represent <u>health</u> rewards right now... especially when those efforts are targeted at our children.

There is some indication that health promotion strategies are gaining momentum in this nation. First, the scientific community continues to develop the epidemiological connections between lifestyle behaviors and public health threats: heart disease, cancer, accidental injury and death, etc. Second, individuals continue to join the ranks of the self-care movement where self-participation is essential to the maintenance and improvement of health. Third, health promotion has become big business. Marketing of shoes for every sport pursuit imaginable, publication of self-help books, and development of formal courses centered on lifestyle behavior maintenance and change are only a few of the many examples where health promotion is being sold to this nation. Fourth, money is being allocated by various organizations to develop innovation in the field of health promotion. And fifth, formal programs are being developed to train the facilitators of the ever-improving health promotion technology. These indications are, by no means, an exhaustive list, but do reflect the growing interest and activity

surrounding health promotion.

HEALTHY INITIATIVES

Arguably, no one initiative has had greater effect on the emergence of health promotion than the establishment of the Office of Health Promotion and Disease Prevention in the Office of the Assistant Secretary of Health. That 1976 initiative, coupled with increased federal funding for health promotion research has allowed our health promotion technology to evolve. As a result, we have begun to study the epidemiology of not only the disease process and traditional biomedical intervention, but also the disease process and health promotion intervention (Green & Kreuter, 1991). Two major products have emerged from this office to date. One is the tangible and informative Healthy People Objectives; the other is the less tangible, but powerful conclusion that local communities must be intimately involved in the planning, development, and implementation of strategies in order to achieve these comprehensive health objectives (Healthy People 2000, 1991). In effect, this federal agency is challenging each community to roll up their collective sleeves and do its share in promoting the health and well-being of all its citizens, and particularly its young citizens.

In April of 1991, America 2000: An Education Strategy (U.S. Department of Education, 1991a) was released as a long-range plan designed to revolutionize education in this country. Three of the six goals developed under that plan had significant health-related implications. **Goal 1**... *all children in America will start school ready to learn*... implies exposure to a healthy home environment and the development of healthy lifestyle behaviors that can be later reinforced at school. **Goal 2**... *the high school graduation rate will increase to at least 90 percent*... implies a continued growth (intellectually, socially, and physically) that will help ensure success in school. **Goal 3**... *every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning*... implies a direct connection between certain unhealthy lifestyle behaviors and compromised learning, but goes even one step further. This goal begins to recognize the role of the entire school community in creating an *environment conducive to learning*. The entire school community is challenged to create a healthy environment where young minds can flourish. Ideally, by the time a child is ready to enter the school environment, they are in good health: physically, mentally, socially, intellectually, and spiritually. They are, as the position paper on **Goal 1** states, ready to... *cooperate, exercise self-control, articulate their thoughts and feelings, and follow rules. They are trusting and have a feeling of self-worth. They explore their environment actively, and approach tasks with enthusiasm. They are motivated to learn* (U.S. Department of Education, 1991b). Unfortunately, the reality is that not all children enter school this way. Therefore, schools must do their best to improve the health and readiness of those who don't while, at the same time, optimize the health of those who do.

In response to the needs implied by the educational strategy goals, the 102nd U.S. Congress (Second Session) (1992) began deliberation on the "Healthy Students - Healthy Schools Act" which states as its major goals:

> *To create "Healthy American Schools," where children will learn the lifelong health and fitness skills vital to developing a smart body and smart mind and to empower every school with the ability to become a healthy school, built on a firm foundation of "healthy mind and healthy body" curricula.* (S. 2191)

The message is clear, the schools will become the centers for innovations that can best lead our children into a healthier 21st Century. However, we must not lose sight of the importance of these schools as worksites and community centers as well. School administrators, teachers, and support staff can not only benefit from comprehensive health efforts, but also reinforce appropriate health promoting lifestyle behaviors (Cinelli & Rose-Colley, 1988; Wolford et al., 1988). In addition, the surrounding community of parents, families, agencies, and businesses can increasingly look to schools as an important resource in their own health pursuits (Miller, 1988).

With the acceptance of strong federal initiatives (e.g., "Healthy Students - Healthy Schools"), power is infused with the process of change. Over time, states, communities, and local educational agencies/systems can work together to promote that health throughout all schools. To that healthy end, we are beginning to see an increase in funding sources and opportunities. At the federal level, the U.S. Department of Education and the Center for Substance Abuse Prevention (CSAP) are leaders in motivating collaborative effort aimed at social change with respect to schools and their communities. At the private level, Kelloggs, Kaiser, and Robert Woods Foundations have assumed that leadership. It should be noted, however, that money is not <u>the</u> answer. These federal and private funding sources recognize the importance of their role in *facilitating* a change process best planned and implemented at the local level.

All these initiatives--the development of a national office, the formulation of long-range objectives and strategies, the establishment of federal and state policies and priorities, the availability of funding opportunities, and the grassroots, proactive change process--must work together to create for our children and their children the quality schools of the future. Those quality schools will include a comprehensive school health program that complements the more traditional, education and training mission.

COMPREHENSIVE SCHOOL HEALTH

Theoretically, a comprehensive school health program includes all the

policies, procedures, activities, and resources designed to protect and promote the health and well-being of those associated with the school environment: students, teachers, administrators, and support staff. Such a program would include, but not be limited to health education, health services, and other efforts that maintain and/or improve the school environment (Meeks & Heit, 1992). Quality comprehensive school health has the potential to create an environment most conducive to learning, the mission of all schools.

HEALTH EDUCATION

Health education at the school level usually involves the formal, classroom learning activities designed to facilitate voluntary lifestyle behaviors that will be conducive to health. Traditionally, such activities include knowledge dissemination, skill building, attitude development, and behavior motivation strategies. Content areas for a comprehensive curriculum have been identified by collaborative work by a variety of health professionals and the Centers for Disease Control. These content areas include: Mental and Emotional Well-Being, Family and Relationship Skills, Growth and Development, Nutrition, Personal Fitness, Substance Use and Abuse, Diseases and Disorders, Consumer Health, Safety and Injury Prevention, and Community and Environment (Meeks & Heit, 1992). Health education is best facilitated by a professional health educator, but is often facilitated alternatively by physical educators, science educators, counselors, or school nurses. Health education is often referred to as primary prevention.

HEALTH SERVICES

Health services at the school level involve the variety of health-related activities designed to appraise, protect, and promote health. Such activities include health screening, referral to primary care, emergency treatment, and psychosocial intervention. Health services personnel include school doctors, nurses, and other allied health professionals, social workers, and other counselors. These professionals often create and facilitate support groups that focus on health behaviors. Health services include both secondary and tertiary prevention activities.

HEALTHY ENVIRONMENT

Healthy school environments involve the school building and its surrounding area, as well as school policies, procedures, and activities that influence the maintenance and improvement of health. Such activities include efforts that ensure the safety of all in the school community, promote the physical, social, and emotional well-being, and provide adequate and effective learning resources. These activities provide the environment in which personal growth is enhanced and optimal health can be attained.

THE VISION: THE QUALITY SCHOOL

The quality school must make a concerted effort toward the development of a comprehensive school health program. Such a program should include, but not be limited to the following. This list can be used as a CHECKLIST when evaluating the quality of a school with respect to its health.

- ☐ health education at all grade levels, facilitated by a Certified Health Education Specialist (CHES);
- ☐ physical education focused on lifelong fitness at all grade levels, with opportunities for extra-curricular involvement in sport and other fitness-related activities;
- ☐ comprehensive other-subject school curricula that reinforce healthy messages;
- ☐ community health professionals willing to share and reinforce appropriate health messages taught in schools;
- ☐ allied health specialists in all schools who provide health screening, referral to primary care, and/or emergency care;
- ☐ educational psychologists and social workers who provide psychosocial services for all school community members;
- ☐ community network of health agencies and organizations, health care providers, religious organizations, businesses, and service clubs that can serve as resources for the school;
- ☐ support groups that focus on health-related problem behaviors (e.g., eating disorders) and health enhancement behaviors (e.g., alcohol and other drug-free living);
- ☐ curricular and extra-curricular activities that promote healthy social interaction among all students, teachers, and staff;
- ☐ cafeteria and other eating programs/resources that contribute to healthful, nutritious eating behaviors;
- ☐ school buildings with adequate lighting, ventilation, noise control, and space to provide for healthy learning;
- ☐ onsite health promotion programs for teachers, administrators, and staff;
- ☐ appropriate emergency procedures designed to protect the safety of all school community members;
- ☐ school policies that encourage the empowerment of all school groups (students, teachers, and staff) and cultures;
- ☐ various strategic programs designed to include parents, families, businesses, agencies, and other school community neighbors as active participants in the school learning experience; and
- ☐ prospective evaluation of the process, impact, and outcomes of health programs on the school community.

It must be the goal of all schools to do their best to include all of the above in their future plans to create the quality school.

THE REALITY: LIMITED FUNDING (and other woes)

Although healthy initiatives promote the vision of quality schools that include a comprehensive school health program, reality clouds that vision. Reality presents a variety of barriers when we consider maximizing health education opportunities, increasing health services, and improving the healthy school environment. To illustrate, consider a typical school district's potential for meeting some of the needs included in the aforementioned CHECKLIST.

- **health education at all grade levels, facilitated by a Certified Health Education Specialist (CHES)**

Problem: The cost per school district would be approximately $25,000 per 500 students. For a school district of 2,000 students, the total cost would be approximately $100,000.

Solution: Attempts can be made to retrain existing teachers. Training 24 teachers (@ $100 per session) would require a $2,400 expenditure. To further cut down on costs, school districts might send only one or two teachers who need training, rather than everyone, hire in-service trainers, or provide educational materials without training. It should be noted that these latter alternatives would, most likely, dilute the effectiveness of the health programs.

- **allied health specialists in all schools who provide health screening, referral to primary care, and/or emergency care**

Problem: There is considerable cost associated with providing allied health specialists in every school. For a school district with 2 elementary schools, 1 middle school, and 1 high school, the total cost would be approximately $80,000.

Solution: Attempts can be made to coordinate with community organizations and agencies whenever possible. For example, in Norman (OK), screenings for scoliosis in Grades 6, 7, and 8 are done by school parents and/or volunteers trained by the Easter Seals Society. Vision and hearing screenings are also facilitated by the Easter Seals Society. Developmental readiness is assessed by the Assistance League of Norman. In general, forming an effective relationship with social services and civic organizations will create many cost control opportunities like the ones mentioned.

- **community network of health agencies and organizations, health care**

providers, religious organizations, businesses, and service clubs that can serve as resources for the school

Problem: Networking takes time and time creates another strain on limited financial resources. In order for networking to be effective, a staff person should coordinate these networking efforts. The total cost would be approximately $25,000.

Solution: This is an area where the benefits can far outweigh the costs for the district. What follows are three examples of such benefits realized in Norman. The Junior League provides *We Help Ourselves* (an anti-victimization program for Grades 2, 4, and 7) and *Kids on the Block* (a handicap understanding program). The Cleveland County Youth and Family Center and the Norman Alcohol Information Center co-facilitate Student Assistance groups with school personnel. The Norman Regional Hospital Auxiliary provides a half-day Health Fair called *Kids Are Special People* for all third graders. In addition, they have underwritten grants for two schools to have *Project Fit America* programs.

- **support groups that focus on health-related problem behaviors and health enhancement behaviors**

Problem: Staff costs to facilitate individual programs would be high. At least one staff position would need to be devoted to support group facilitation. The total cost would be approximately $25,000.

Solution: Again the benefits far outweigh the costs. Using existing teachers, administrators, and counseling staff as referral sources, a staff member could coordinate this activity. Support groups can be facilitated by existing community resources with the help of this coordinator.

- **curricular and extra-curricular activities that promote healthy social interaction among all students, teachers, and staff**

Problem: Costs are related to materials and/or textbooks, coaches, club sponsors, and special programs. Such efforts also require health promotion/wellness awareness by all concerned. Success would require a campaign targeted at all members of the school community. Included in this campaign must be a realistic view of the change process: that is, the time needed for acceptance, specific planning requirements, integration with existing curricula and infrastructures, and appropriate evaluation.

Solution: Planning and implementation efforts can be best facilitated by a wellness task force that focuses on improving the health behavior norms and, therefore the quality of that school's life. All school activities (curricular, sports, club, special

programs, etc.) should be examined with respect to their contribution to that quality of life. Considerations should include the potential impact of those activities as well as the manner in which they are conducted (i.e., the process).

- **onsite health promotion programs for teachers, administrators, and staff**

Problem: Facilities are generally reserved for student use. Staff costs would approximate $20,000.

Solution: An assessment of facilities might uncover a centralized site for all district personnel. As an alternative, the district can approach a local health club as a corporate entity and seek reduced membership fees for all personnel. A wellness task force at each school can be developed to explore the possibilities for health promotion: for example, incentives for health, walking programs, inservice workshops, etc. Task force members can share the time/energy burden of implementing onsite programs.

- **prospective evaluation of the impact of health programs on the school community**

Problem: Professional evaluation is best conducted by a consulting interest. Such an evaluation ensures integrity in the process and objectivity in interpreting the results. Costs of consultants will vary with the sophistication of the evaluation.

Solution: Use college/university resources whenever possible. Not only do college researchers have access to appropriate computer hardware and software resources, but certain schools within the college (e.g., Education, Arts and Sciences) are charged with evaluating community efforts (local, regional, and national). In addition, take advantage of existing assessment tools designed to measure health behaviors over time. The Centers for Disease Control, for example, has available the Behavioral Risk Factor Surveillance Survey specifically designed for prospective, health behavior monitoring.

CONCLUSION

Comprehensive school health programs as described in this paper will require a concerted effort to implement effectively. No member of the community can be left out of the formula for success. In order to develop capable and productive young people who will lead us into the 21st Century, we must all contribute right now. Schools, parents, health professionals, and other community members must work together to promote optimal health and a high quality of life for all.

The challenge ahead will require the breaking down of existing barriers.

Community members (parents, service agents, businesses, etc.) must no longer resist their opportunities to become involved in the schools. Likewise, schools must overcome their reluctance to allow others to become involved in the schools.

Only by these concerted efforts and a mutual willingness to overcome barriers will the schools of the 21st Century reach their full, healthy potential. And, only in such an environment, is the creativity present within the school community members free to mutually flourish and reinforce that potential.

POSTSCRIPT

In order to test the preceding creativity assumption (see **CONCLUSION**), we asked participants at this session of the conference to brainstorm for just a couple of minutes. The topic they focused on was programs/activities that promote healthy schools that are "not necessarily labeled as **Health** programs." The list follows:

- "Super Kids" Day
- nutrition awareness (healthy snacks, cafeteria options, etc.)
- "Be Nice" Day - Guerilla Kindness (flower sale, sharing gifts, etc.)
- inclusive intramurals as well as interscholastic sports
- marathon fund raisers (running, walking, volleyball, etc.)
- civic improvement/support projects
- talent shows
- multi-cultural events (food fairs, art shows, etc.)
- diverse extra-curricular club programs
- alternative discipline
- student-parent nighttime fitness programs
- parent back-to-school days
- grant writing parties
- "safe" post-graduation, post-prom parties
- "healthy ideas" incentives

In just over two minutes, we discovered the creativity and talent sitting in the session room. Just think what a wellness team/task force could accomplish at your school. Have you provided the opportunity and encouraged the discovery of healthy ideas in your school?

REFERENCES

Cinelli, B. and Rose-Colley, M. (1988) "An analysis of health promotion programs in Pennsylvania schools." Eta Sigma Gamma, Fall.

Green, L. W. and Kreuter, M. W. (1991) Health Promotion Planning: An Educational and Environmental Approach (Second Edition). Mountain View, CA: Mayfield Publishing Company.

Healthy People 2000: National Health Promotion and Disease Prevention Objectives. (1991) U.S. Department of Health and Human Services, U.S. Government Printing Office.

Meeks, L. and Heit, P. (1992) Comprehensive School Health Education: Totally Awesome Strategies for Teaching Health. Backlick, OH: MeeksHeit Publishing Company.

Miller, D. F. (1988) Dimensions of Community Health (Second Edition). Dubuque, IA: Wm. C. Brown Publishers.

The World Book Encyclopedia. (1985) Chicago,IL: World Book, Inc., Vol. 4, p. 798f.

U.S. Congress - 102nd Congress, Session 2. (1992) Bill - S.2191: "Healthy Students - Healthy Schools Act."

U.S. Department of Education. (1991a) America 2000: An Education Strategy. (ED/OS91-13) Washington, DC: U.S. Department of Education.

U.S. Department of Education. (1991b) "Preparing young children for success: Guideposts for achieving our first national goal." Washington, DC: U.S. Department of Education.

Wolford, C. A., Wolford, R. M., and Allensworth, D. D. (1988) "A wellness program for your staff sets a healthy example for students." The American School Board Journal, May.